

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000020991

1. Corporation Name

PAMELA HORRELL AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

437 GRANT STREET
SUITE 617
PITTSBURGH PA 15219

437 GRANT STREET
SUITE 617
PITTSBURGH PA 15219

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

305 Mt. Lebanon Blvd.
City & State
Pittsburgh PA Suite 210

Zip
15234

Country
US

Suite, Apt. #, etc.

305 Mt. Lebanon Blvd.
City & State
Pittsburgh Suite 210

Zip
15234

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1995

5. FEI Number

65-0573878

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CAMPISANO, GINA	437 GRANT ST., STE 617	PITTSBURGH PA 15219
VPSD	MIKUSH, KEITH	437 GRANT ST., STE 617	PITTSBURGH PA 15219

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERRARO, ROBERT
ACCOUNTING, TAXES & MORE, INC
1829 N HIGHLAND AVE
CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated; the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/03 412 942-0002

CR2E040 (7/03)